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Mr. Howard Danson
Director
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Ministry of Health
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16 January 1991

Dear Mr. Danson,

Thank you for your continuing correspondence on environmental sensitivity. As you know, I find the position paper on "Environmental and Chemical Sensitivities and the Provincial Psychiatric Hospitals" lacking intelligence, professionalism and integrity.

In the introductory paragraphs, the position statement indicates "There are no definitive studies to indicate that these aetiologies have any significant causal relationship to mental illness". In fact, the Thomson report defines sensitivities as "usually involving the central nervous system". Often the person who is diagnosed as having sensitivities has central nervous system dysfunction as their primary complaint.

I suggest to you that both studies and the experience of citizens (your clients) provides more definitive information on the causal relationship between sensitivities and mental illness than is present for the majority of psychiatric diagnoses!

The (attached) statement includes six points, each of which requires reply:

- 1) I'm certainly not convinced; nor are our members. Which consumer groups you have consulted in order to develop your awareness? Are you familiar with literature that does indicate causal links between mental or emotional problems and sensitivities? Are you familiar with methods used in Britain? What steps have been taken to make your hospitals accessible to members of this disabled group? What dietary and environmental considerations have been made to accommodate those psychiatric patients whose problems are caused or significantly exacerbated by sensitivities?

2) What testing is used to assess patients for chemical sensitivities? The paper indicates that tests used are "taking into account all possible causes for their illness". Are you indicating sensitivities are not a possible cause for mental illness, or are you stating that sensitivities are ruled out before a psychiatric workup is done? Is this point included to indicate that you do check for sensitivities, or to obfuscate the fact that you do not?

3) What consultants are used on environmental sensitivity? Do you have a list? Do they include those doctors Elinor Caplan referred to when she said it is unnecessary to send doctors out of the country for training because there are doctors familiar with this problem in Ontario? Did you consult with consumer groups to discover which doctors are familiar with their concerns? Is this point included in the position statement to indicate that you do check for sensitivities, or to obfuscate the fact that you do not?

4) We are not talking about hazardous materials, but about sensitivities to substances which may or may not be hazardous. Is this point included to suggest that action is being taken on the concern, that hazardous materials may cause mental illness? Or is it a red herring, tossed in to suggest action is being taken on the special needs of this group when it is not a special needs concern?

5) Why would a group of professionals who are "aware" of this issue refer to "infection control"? Is this to suggest action is being taken when in fact it is clearly off topic?

6) Does the no smoking policy protect persons from second hand smoke prevalent through such institutions as the Queen Street Mental Health Centre? Are you saying that it is important to ban smoking to protect patients whose problems are caused by sensitivity to cigarette smoke? Is the problem real, in which case you should be doing a lot more, or is it not real, in which case why have you touted your (poorly enforced) no smoking policy?

I agree absolutely with the statement that sensitivities have "poorly defined aetiologies". So do many other illnesses, but that shouldn't prevent us from doing what we can.

Whether this topic is controversial should not prevent collaborative efforts to help a growing number of patients who have the problem. I would remind you that, as far as I am concerned, and as far as most of our members are concerned, the controversy centres principally on human rights abuses of this group, including the trashing of those psychiatric patients whose problems are caused by sensitivities. It is a moral and ethical discussion about the professionalism of staff in the Mental Health Facilities Branch and that of your Medical Directors and their staff while learning about these problems. One does not have to be omniscient to protect the human rights of an identifiable group.

It is my allegation that your Medical Directors are (deliberately?) hiding their mistakes by preventing the identification of those persons who have been inappropriately dealt with due to bigotry within the Ministry of Health. As long as those patients with undiagnosed sensitivities remain unidentified, the medical directors will be protected from lawsuits and/or professional disgrace.

You continue to have the foxes guard the chicken coup, diffusing your personal and professional responsibility by saying you lack the foxes' expertise! Why have you not brought in the consumer's groups? Who are your "external consultants" on this subject?

The paper relates the position of the Ontario Medical Association, but again the points are made in an extremely selective way. It's almost as if the Medical Directors ARE deliberately hiding their mistakes! You have been sent (more than once) a letter sent by the OMA to the Ontario Premier's Office a couple of year's ago. In that letter the statement is made that people "are ill" with illness that are "not well defined scientifically" and that "they are not being well-served in their need for support services" and that "in the meantime it is important to avoid blaming the victim". What you may not know is that this letter was sent at my request precisely because the Ministry of Health has hidden behind the OMA's position in the past, in order that pressure could be brought on government to stop their abuse of members of this group!

The OMA position, as you state, does call for more research, but the OMA would like to see more research on a wide variety of medical concerns. You appear to be making the arbitrary determination that because the OMA has called for more research, and because the causes of environmental sensitivities are not well understood, that you should not help those psychiatric patients whose problems are caused by sensitivities.

I suggest to you that this position is damaging, arbitrary, and, as a result, unethical, unprofessional, and that it discriminates against an identifiable (and protected) group. The fact that you refuse even to try to identify individual members of the group is, in itself, abusive and discriminatory.

Not checking psychiatric patients for sensitivities when they show symptoms often caused by sensitivities is like not checking African Canadians for sickle cell anaemia when they show the symptoms.

If you are aware of the literature on this subject, perhaps you are aware of the following comments of George Thomson that "confidence in the health care system is eroded when productive dialogue is replaced by acrimonious debate". Thomson and his panel of doctors also stated that the position "all medical treatments are based on sound scientific research" is "clearly untenable". To insist, in the extreme manner you do, on this prerequisite with respect to the environmentally sensitive is also discriminatory.

I am profoundly saddened by the suffering experienced by those psychiatric patients whose problems are caused by sensitivities in the decade or more since this concern was brought to the Ministry of Health. I shudder to think of the suffering and deaths that have been caused by the Ministry having acted arbitrarily in the past, and remain outraged by the fact that the Ministry, including yourself and the Medical Directors, continues to do so.

Sincerely

Chris Brown
Branch President - Ottawa
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cc Catherine Frazee, OHRC
David Giuffrida, Psych Patient Advocate Office
Evelyn Gigantes, Minister of Health, and various other
Ministerial staff